

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyiste	(s) Donald Baldir	<u>ni</u>		
II. Name of lobbyist	's partnership, firm or c	orporation, if an	y:	
Liberty Mutua	al Insurance	•	•	
(Nai	me of partnership, firm or co	rporation)		····
175 B	Berkeley Street	Boston	MA	02116
•	treet)	(Town/City)	(State)	(Zip Code)
() 617-574	-5867		e-mail donald	d.baldini@libertymutual.com
(Telephone)		(Fax)		
reportable expense t	ransactions which are no	ot attributable to	any one client).	ou may file a separate report for
✓ All reportable tran	sactions occurring in the	months prior to th	e reporting date relative	to the following client:
Liberty Mutua	al Insurance		·	
OD	(Full Name of Client as it	appears on the Lob	byist Registration Form)	
OR ☐ All reportable transunrelated to any particular		ncluding the lobb	yist's family), or the lob	bying firm listed below which are
IV. Date of Report	April 25, 2018 🔲		July 25, 2018]
-	ity from date of registration	to 3/31/18	activity from 4/1/18 to 6/	
	October 31, 2018 activity from 7/1/18 to 9/30.	/18	January 30, 2019 activity from 10/1/18 to	
	no fees received and complete just this form ar			ice, State House, Room 204,
VI. Check if addition	nal reports are attached:			
_	ed fees or made expendit	ures, you must fil	e Addend um A – Fees a	nd Expenses
☐ If you have paid a Expense Reimbursem		sed expenses, you	must file Addendum B	- Report of Honorariums or
☐ 1f you, your firm,	or your family has made	political contribut	ions, you must file Add	endum C- Political Contributions
1 have read RSA 15, R	Firmation by Lobbyist USA 15-B, RSA 14-C and est of my knowledge and I		eby swear or affirm that	the foregoing information is true
Nonold	7. Moldin .			- 2019
(Signature of lobbyis				(Date)
Donald Baldi	ni			RECEIVED
(Print Name of lobby	ist)			JAN 29 2019

NEW HAMPSHIRE